



**2015-2016**

Family Friendly Centers

Millville Public Schools

Continuing Education Department

**School Age Child Care**

**Information and Registration**

**Start time: 7:00AM**

**Closing: 6:00PM**

**September tuition must accompany this form. No children are enrolled until September or first month's tuition is paid.**

Before school tuition:

5 days/week \$60/month

4 days/week \$50/month

3 days/week \$40/month

2 days/week \$30/month

1 day /week \$20/month

After school tuition:

5 days/week \$120/month

4 days/week \$100/month

3 days/week \$ 80/month

2 days/week \$ 60/month

1 day /week \$ 40/month

Reduced/Sibling tuition

AM Rate

PM Rate

5 days \$40

5 days \$80

4 days \$35

4 days \$65

3 days \$30

3 days \$50

2 days \$20

2 days \$40

1 day \$10

1 day \$30

**Lakeside/Wood--AM- reduced price for all students.**

Before school

AM

\_\_\_Bacon

Mon

\_\_\_Holly Heights

Tue

\_\_\_Lakeside

Wed

\_\_\_Mt. Pleasant

Thur

\_\_\_Rieck Ave.

Fri

\_\_\_Silver Run

\_\_\_Wood

Check

School

&

Circle

Days

After school

PM

\_\_\_Bacon

Mon

\_\_\_Holly Heights

Tue

\_\_\_Lakeside

Wed

\_\_\_Mt. Pleasant

Thur

\_\_\_Rieck Ave.

Fri

\_\_\_Silver Run

\_\_\_Wood

Millville Public Schools  
Continuing Education Department  
PO Box 5010  
Millville, NJ 08332  
School Age Child Care Registration Information

Student: \_\_\_\_\_

(Additional children) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Estimated time of child's arrival and departure AM \_\_\_\_\_ PM \_\_\_\_\_ Start date \_\_\_\_\_

People authorized to pick-up child **(PERSON MUST BE 18 OR OLDER WITH A VALID PHOTO ID, ANY CHANGES MUST BE RECEIVED IN WRITING)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency phone numbers (name, phone, & relationship) NOT PARENT/GUARDIANS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any special information that would be useful in providing for your child's needs while he/she is attending our program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any health issues such as allergies (bee stings, food, pollen, asthma, heart problems, and/or diabetes?)

\_\_\_\_\_  
\_\_\_\_\_

Epi pen \_\_\_\_\_ Inhaler \_\_\_\_\_ Medication \_\_\_\_\_

The program does not routinely provide medical services or nursing services. Are you requesting extra medical or nursing services for your child? **If so, the Program Coordinator must determine if it is feasible for the program to provide those extra services and will charge extra tuition to pay for the cost of those services.** Yes \_\_\_\_ No \_\_\_\_

I do \_\_\_\_ do not \_\_\_\_ give permission to have my child appear in any media coverage approved by the school.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date